

REQUEST FOR GRAVE OPENING AND CLOSING

FUNERAL HOM	E:			
NAME OF DECE	ASED:			
CEMETERY:				
GARDEN/SECTION	ON:			
LOT/TIER:	T/TIER: SPACE/CRYPT:			
TYPE OF PLOT	(CHECK ONE): SIN	GLE 4 G	RAVES 7 8 GRA	ves 🗆
	(
TO BE OPENED:				
	DATE		DAY	TIME
TO BE CLOSED:				
	DATE		DAY	TIME
OVERSIDED GRAVE:	☐ YES ☐ NO			
SIGNATURE OF	REQUESTOR:			
*Please call 329-4688 to c	confirm receipt if this form is	faxed to the City o	f Greenville.	
Grave Opening/Closing	(M-F, 8am-5pm)	450.00	Wait Time	50.00/hour
Grave Opening/Closing (Weekends/Holidays)		480.00	Shrubbery Removal	50.00/each
Cremation Opening/Clo		150.00		
Cremation Opening/Clo	osing (Weekends/Holidays)	180.00]	
Amount Received	:		Date:	
Approved By:				
Dh	orleand complete. Discussion	. II D:114:	7	
1. Kevin Heifferon	eekend services – Please ca 378-5214			
2. Andre Green	378-5629	5. Kelly Wall 347-4881 6. Ken Jackson 378-5587		
3. Tim Perry	864-1302	7. Police Department 329-4300		
4. Steve Cannaday	717-3301			
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	FOR	STAFF USE O	ONLY	

	SIGNATURE	DATE	TIME
Job Assigned To			
Work Completed By			

Last updated 9/10/2014